

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A  
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OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

CASE MANAGEMENT SERVICES

A. Target Groups: By invoking the exception to comparability allowed by 1915 (g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:

1. Aged 0-21 and meet the medical eligibility criteria of Commission for Handicapped Children, the state's Title V Crippled Children's Agency, and
2. Persons of all ages meeting the medical eligibility criteria of the Commission for Handicapped Children and having a diagnosis of hemophilia.

The individuals in the target groups may not be receiving case management services under an approved waiver program.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of Section 1915 (g)(1) of the Act is invoked to provide services less than state-wide:

C. Comparability of Services

☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Case management is a service instrument by which service agencies assist an individual in accessing needed medical, social, educational and other support services. Consistent with the requirements of Section 1902 a (23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred. One case management unit is the sum of case management activities that occur within a calendar month. These activities include:

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State/Territory: Kentucky

CASE MANAGEMENT SERVICES

D. Definition of Services: (Continued)

1. Assessment of client's medical, social, and functional status and identification of client service needs;
2. Arranging for service delivery from the client's chosen provider to insure access to required services;
3. Insure access to needed services by explaining the need and importance of services in relation to the client's condition;
4. Insure access, quality and delivery of necessary services, and
5. Preparation and maintenance of case record documentation to include service plans, forms, reports, and narratives, as appropriate.

E. Qualification of Providers:

Providers must be certified as a Medicaid provider meeting the following criteria:

1. Demonstrated capacity to provide all core elements of case management
  - (a) assessment
  - (b) care/services plan development
  - (c) linking/coordination of services
  - (d) reassessment/followup
2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population.
3. Demonstrated experience with the target population.
4. An administrative capacity to insure quality of services in accordance with state and federal requirements.
5. A financial management system that provides documentation of services and costs.
6. Capacity to document and maintain individual case records in accordance with state and federal requirements.
7. Demonstrated ability to assure a referral process consistent with Section 1902a(23), freedom of choice of provider.
8. Demonstrated capacity to meet the case management service needs of the target population.

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CASE MANAGEMENT SERVICES

E. Qualifications of Providers (continued)

Qualifications of Case Manager (Only the following can be case managers)

1. Registered Nurse - Must be licensed as a Registered Nurse or possess a valid work permit issued by the Kentucky Board of Nursing.
2. Social Worker - A master's degree in social work supplemented by one year of professional social work experience; or a graduate of a college or university with a bachelor's degree supplemented by two years of professional social work experience.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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Targeted Case Management Services for Severely Emotionally Disturbed Children

- A. Target Groups: By involving the exception to comparability allowed by 1915(g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:

1. Age 0-21 and meet the state's conditions and circumstances to be defined as a "severely emotionally disturbed child."

The individuals in the target groups may not be receiving case management services under an approved waiver program.

- B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than state-wide: . . .

- C. Comparability of Services

☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

☐ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

- D. Definition of Services: Case management is a service instrument by which service agencies assist an individual in accessing needed medical, social, educational and other support services. Consistent with the requirements of Section 1902 (a) (23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred. One case management unit is the sum of case management activities that occur within a calendar month. These activities include:

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- (1) A written comprehensive assessment of the child's needs;
  - (2) Arranging for the delivery of the needed services as identified in the assessment;
  - (3) Assisting the child and his family in accessing needed services;
  - (4) Monitoring the child's progress by making referrals, tracking the child's appointments, performing follow-up on services rendered, and performing periodic reassessments of the child's changing needs;
  - (5) Performing advocacy activities on behalf of the child and his family;
  - (6) Preparing and maintaining case records documenting contacts, services needed, reports, the child's progress, etc.;
  - (7) Providing case consultation (i.e., consulting with the service providers/collateral's in determining child's status and progress); and
  - (8) Performing crisis assistance (i.e., intervention on behalf of the child, making arrangements for emergency referrals, and coordinating other needed emergency services).

E. Qualification of Providers:

Provider participation shall be limited to the Kentucky Department for Social Services and the fourteen Regional Mental Health Mental Retardation Centers, licensed in accordance with state regulations.

Qualifications of Case Manager and Supervision Requirement

- (1) Case Manager Qualifications. Each case manager shall be required to meet the following minimum requirements:
  - (a) Have a Bachelor of Arts or Bachelor of Sciences degree in any of the behavioral sciences from an accredited institution; and
  - (b) Have one (1) year of experience working directly with children or performing case management services (except that a master's degree in a human services field may be substituted for the one (1) year of experience); and
  - (c) Have received training within six (6) months designed and provided by each participating provider directed toward the provision of case management services to the targeted population; and

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- (d) Have supervision for a minimum of one (1) year by a mental health professional; i.e., psychiatrist, psychologist, master's level social worker (MSW), psychiatric nurse or professional equivalent (a minimum of a bachelor's degree in a human services field, with two (2) years of experience in mental health related children's services). The supervisor shall also complete the required case management or training course.
  - (2) Case Manager Supervision Requirement. For at least one (1) year, each case manager shall have supervision performed at least once a month for each case plan.
- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
- (1) Eligible recipients will have free choice of the providers of case management services.
  - (2) Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purposes.

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TARGETED CASE MANAGEMENT SERVICES FOR ADULTS WITH CHRONIC MENTAL ILLNESS

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- A. Target Groups: By invoking the exception to comparability allowed by 1915(g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:

1. Adults with chronic mental illness. Chronic mental illness means that clinically significant symptoms of mental illness have persisted in the individual for a continuous period of at least two years, or that the individual has been hospitalized for mental illness more than once in the last two years, and that individual is presently significantly impaired in his ability to function socially or occupationally.

The individuals in the target groups may not be receiving case management services under an approved waiver program.

- B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide:

- C. Comparability of Services

☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

- D. Definition of Services: Case management is a service which allows providers to assist eligible individuals in gaining access to needed medical, social, educational, and other services. Consistent with the requirements of Section 1902 (a) (23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred. One case management unit is the sum of case management activities that occur within a calendar month. These activities include:

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TARGETED CASE MANAGEMENT SERVICES ADULTS MANUAL

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SECTION IV - SERVICES COVERED

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IV. Services Covered

A. Definition of Case Management

Case Management services are defined as services which will assist the targeted population (adults with chronic mental illness) in gaining needed medical, educational, social, and other support services. These services are performed by qualified case managers and shall include:

- (1) A written comprehensive needs assessment which shall be obtained by face-to-face contact with the client, and other family members, as indicated. The assessment shall include, but not be limited to, the following:
  - (a) Identifying information (living arrangements, emergency contacts, source of assessment information, MAID #, if known);
  - (b) Family life (ability to function and interact with other family members);
  - (c) Physical health (note any health problems or concerns, treatments, medications, handicaps, etc.);
  - (d) Emotional health (behavior problem, alcohol/substance abuse, etc. This can be further defined in the treatment plan.);
  - (e) Social relationships (support, friends, family, volunteers, recreation, etc.);
  - (f) Physical environment (safety, cleanliness, accessibility, etc.);
  - (g) Self-care (activities of daily living, ability to care for one's own needs, functional assessment skills and skills deficits);
  - (h) Educational status (educational needs, vocational needs, prognosis for employment skills);

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TRANSMITTAL #1

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SECTION IV - SERVICES COVERED

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- (i) Legal status (guardian, conservatorship, involvement with the legal system, etc.);
  - (j) Financial Resources (client's income or other resources;) and
  - (k) Community Resources (services available in the client's community which could be accessed.)
- 2. Assistance in the development of the client's treatment plan;
  - 3. Coordination of and arranging for needed services as identified in the client's treatment plan;
  - 4. Assisting the client in accessing all needed services (Medicaid and non-Medicaid covered) as provided by a multiplicity of agencies and programs;
  - 5. Monitoring the client's progress through the full array of services by:
    - (a) Making referrals;
    - (b) Tracking the client's appointments;
    - (c) Removing any barriers which might prohibit access to the recommended programs or services;
    - (d) Performing follow-up on services rendered to assure the services are received and meet the client's needs;
    - (e) Performing periodic re-assessments of the client's changing needs; and
    - (f) Educating the client or others of the value of early intervention services and treatment programs.
  - 6. Performing advocacy activities on behalf of the client. The case manager may intercede to assure appropriate, timely, and productive treatment modalities;

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SECTION IV - SERVICES COVERED

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7. Establishing and maintaining current client records, documenting contacts, services needed, client's progress, and any other information as may be required;
8. Providing case consultations as required (i.e. consulting with a service provider to assist in determining the client's progress, etc.); and
9. Providing crisis assistance (i.e. intervention on behalf of the client, making arrangements for emergency referrals and treatment, and coordination of any other needed emergency services).

The treatment plan, as developed in response to the case manager's needs assessment and other techniques used for evaluation purposes by service providers, shall be monitored by the case manager.

While the case manager is not responsible for developing the client's treatment plan, it is the responsibility of the case manager to document:

- (1) all needed services,
- (2) anticipated dates of delivery,
- (3) all services arranged,
- (4) follow-up on services, and
- (5) unmet needs and service gaps.

B. Limitations on Case Management Services

Case management services do NOT include:

- (1) The actual provision of mental health or other services or treatments;
- (2) Outreach activities to potential clients;
- (3) Administrative activities associated with Medicaid eligibility determinations, processing, etc.;

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TRANSMITTAL #1

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